

FORM A

Hazardous Materials Incidents / Accidents / Continuous Releases

REPORT INCIDENT IMMEDIATELY to the KANSAS DIVISION OF EMERGENCY MANAGEMENT (KDEM)

Telephone: (785) 296-3176 or (800) 905-7521

THIS COMPLETED FORM must be submitted on-line or faxed to KDEM (785) 274-1426, Technological Hazards Section, AS SOON AS PRACTICABLE (not to exceed 7 days) after the verbal notification. Form A(s) may be used as the written follow-up notification to KDEM ONLY IF an UPDATED Form A is submitted after the incident has concluded and includes additional information on the cause of the release, information on actual response actions taken, identification of any acute or chronic health risks and advice regarding medical attention necessary for citizens exposed, if appropriate. Additional information can be mailed to KDEM at: 2800 SW Topeka Blvd, Topeka, KS 66611.

- The following fields may have multiple entries: *Commodity, Physical Form, Incident Mode, Truck/Trailer Number, Railcar Number, and Placard.* If there is not enough room on this form to report these fields or "What Happened" or "Actions Taken to Remediate the Incident" please attach another page with the additional details.

KDEM CONFIRMATION NUMBER: _____

REPORTING	WAS A REPORT MADE TO THE FOLLOWING AGENCIES: LOCAL EMERGENCY PLANNING COMMITTEE..... <input type="checkbox"/> YES NATIONAL RESPONSE CENTER (800) 424-8802..... <input type="checkbox"/> YES CASE# _____ KANSAS DEPT. OF HEALTH & ENVIRONMENT (785) 296-1679..... <input type="checkbox"/> YES CASE# _____
	SPILLER INFORMATION: IS THIS AN UPDATE TO FORM A: <input type="checkbox"/> YES DOES THIS CONSTITUTE A CONTINUOUS RELEASE: <input type="checkbox"/> YES IF CONTINUOUS, CR-ERNS #: _____ PERSON INITIATING THE CALL: _____ CALLER ORGANIZATION: _____ CALLER PHONE: _____ CALLER EMAIL: _____ ARE YOU THE SPILLER: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, SPILLER ORGANIZATION: _____ SPILLER ORGANIZATION ADDRESS: _____ CITY: _____ STATE: _____ COUNTY: _____ ZIP: _____ SPILLER PHONE: _____ SPILLER EMAIL: _____
	INCIDENT INFORMATION: DISCOVERY TIME: _____ DISCOVERY DATE: _____ NOTIFICATION TIME: _____ NOTIFICATION DATE: _____ INCIDENT LOCATION/ADDRESS: _____ INCIDENT CITY: _____ INCIDENT COUNTY: _____ MANUFACTURER/SHIPPER: _____ CAUSE OF RELEASE: <input type="checkbox"/> EXPLOSION <input type="checkbox"/> SPILL <input type="checkbox"/> OPERATOR ERROR <input type="checkbox"/> NATURAL PHENOMENA <input type="checkbox"/> FIRE <input type="checkbox"/> DUMPING <input type="checkbox"/> EQUIPMENT FAILURE <input type="checkbox"/> OTHER* *IF OTHER, DESCRIBE: _____ INCIDENT MODE: <input type="checkbox"/> AIRCRAFT <input type="checkbox"/> FIXED FACILITY <input type="checkbox"/> MOTOR CARRIER <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> PIPELINE <input type="checkbox"/> RAIL <input type="checkbox"/> OTHER (DESCRIBE): _____

